### Latitude Signage + Design 1219 Zimmerman Drive S Grinnell, IA 50112

#### AN EQUAL OPPORTUNITY EMPLOYER

#### APPLICATION FOR EMPLOYMENT

Please Print	t Date:			
PERSO	NAL			
Name:	Soc. Sec. #			
Present Address : No. Street	City	State	Zip	
Previous Address:				
Are you 18 years of age or over? Yes No Are you a U.S. citizen? Yes No No Do you have a valid operator's (driver's) license? Ye	es No			
If yes, license number and state				
EMERGENCY	CONTACT			
In case of an emergency notify: Name:				
Address:				
Phone: ( )				
MILITARY SERV	ICE RECORD			
Have you ever serviced in the Armed Forces? Yes 💭 No 💭				
If yes, what branch?				
Dates of duty: From:	To:			
List of Duties:				
Present Membership in National Guard or Reserves:	Yes No			

#### EMPLOYMENT DESIRED

Position:	Date you can star	t: Salary o	desired:		
Type of Employment Desired:	Part-time	Full-time	Temporary		
	Day	Evenings	Weekends		
Were you previously employed by us? Yes No If yes, when?					

EDUCATION	Name and Location of School	No. of Years Attended	Graduated? Yes / No	Course Or Major
Grammar School				
High School				
College				
Other Education				

#### EMPLOYMENT HISTORY

List your record of employment beginning with your present or most recent position.

Dates From To	Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

Describe the work you did:

#### EMPLOYMENT HISTORY (continued)

Dates From To	Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

#### Describe the work you did:

Dates From To	Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

#### Describe the work you did:

May we contact the employers listed above? one(s) you do not wish us to contact.	Yes	No 📃	If not, indicate which

If hired and you are under 18 years of age, we will require, prior to starting work, an Age Certificate or Work Permit issued through the local school district.

## NOTE: Job offers for all installation personnel are contingent upon successful completion of a pre-employment drug screen.

THREE (3) REFERENCES:	

If applying online: Please be advised that

# THIS AUTHORIZATION PAGE WILL NEED YOUR HANDWRITTEN SIGNATURE AND DATE

I authorize Latitude to contact each former employer, firm or corporation. I authorize any of these persons to give all information concerning work-related items and I release all parties from liability for any damage that may result from furnishing same to you.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I also understand that if accepted by Latitude, my employment is voluntarily entered into and I am free to resign at any time. Similarly, Latitude is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract.

Applicant's Signature		Date	
	DO NOT WRITE IN	THE SPACE BELOW	
Interview by:		Date:	
Hired: YesNo	Position	Salary/Wage:	
Dept	Date F	eporting to Work	